





ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	° ILD005100789	REACKNOWLEDGEMENT
	SEYMOUR OF SYCAP 917 CROSBY AVE SYCAMORE	ORELING
INSTALLATION ADDRESS	917 CROSBY AVE SYCAMORE	IL 60178
EPA Form 8700-12B (4-80)	 09/28/81	

August 9, 1983

Illinois Environmental Protection Agency P O Box 915 Rockford IL 61105

Attention: Mr. Robert A. Wengrow

Rockford Region Manager Field Operations Section

Div. of Land Pollution Control

ILD 005 100 789 G,T, TSD, note, PAS 1

RE: DeKalb County - 03705502

Sycamore/Seymour of Sycamore

Dear Mr. Wengrow:

As you pointed out in your letter of April 1, 1983, now that we are storing our waste on sight less than 30 days, we should not be regulated under 35 Illinois Adm. Code 720 through 725. For the last two years or so, our reclaimer has picked up waste solvent every 20 to 30 days for recycling.

Therefore, I request that our EPA Form Part A be withdrawn.

Thank you for your help.

Sincerely yours,

SEYMOUR OF SYCAMORE, INC.

Richard L. Gustafson Vice President/Manufacturing

RLG:m1

Lec: USEPA Region V office, Chicago IL 60604



WASTE MANAGEMENT BRANCH

8/11/83

Jolly



Ms. Zetta Davis, Hazardous Waste Branch U.S. Environmental Protection Agency Region V RCRA Activities 230 South Dearborn Street Chicago IL 60604

RE: ILD005100789 PA, GITRS, 75 D DeKalb County 03705502

Sycamore/Seymour of Sycamore

Dear Ms. Davis:

We are requesting that our Interim Permit Form Part A be withdrawn.

Our hazardous waste is being removed from this sight every 20 to 30 days. The waste is picked up by a reclaimer and recycled on a 20 to 30 day cycle depending upon our business volume.

April 1, 1983 we received a letter from IEPA advising us that we should not be regulated under 35 ILL Adm. Code 720 through 725 and therefore we should request that our Form Part A be withdrawn.

Please give this consideration and let us hear from you at your earliest convenience.

Thank you for your help.

Sincerely yours,

SEYMOUR OF SYCAMORE, INC.

Richard L. Gustafson

Vice President/Manufacturing

RLG:ml

cc: Mr. Andrew Vollmer

IEPA

Div. of Land Pollution Control

2200 Churchill Road

Springfield IL 62706

9/01/83

917 CROSBY AVENUE • SYCAMORE, ILLINOIS 60178 • PHONE 815/895-9101 TWX: 910-6390617 Toll Free (Outside Illinois) 1-800-435-4482

'The Inventor of Aerosol Paint and Spray-Gel



mot file Copy



SEYNOUR OF SYCAMORE INC.

August 29, 1983

PART A PENDING DECISION TAKEN

Ms. Zetta Davis, Hazardous Waste Branch U.S. Environmental Protection Agency Region V RCRA Activities 230 South Dearborn Street Chicago IL 60604 BY EPA STAFF
DATE 9/0 2/83

RE: ILD005100789 PA, G, TRS, TS D
DeKalb County 03705502

Sycamore/Seymour of Sycamore

Dear Ms. Davis:

We are requesting that our Interim Permit Form Part A be withdrawn.

Our hazardous waste is being removed from this sight every 20 to 30 days. The waste is picked up by a reclaimer and recycled on a 20 to 30 day cycle depending upon our business volume.

April 1, 1983 we received a letter from IEPA advising us that we should not be regulated under 35 ILL Adm. Code 720 through 725 and therefore we should request that our Form Part A be withdrawn.

Please give this consideration and let us hear from you at your earliest convenience.

Thank you for your help.

Sincerely yours,

SEYMOUR OF SYCAMORE, INC.

Richard L. Gustafson

Vice President/Manufacturing

RLG:m1

cc: Mr. Andrew Vollmer

IEPA

Div. of Land Pollution Control

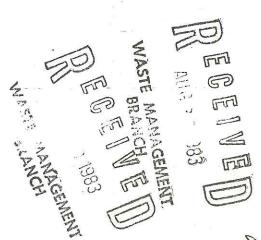
2200 Churchill Road

Springfield IL 62706

9/01/83

917 CROSBY AVENUE • SYCAMORE, ILLINOIS 60178 • PHONE 815/895-9101 TWX: 910-6390617 Toll Free (Outside Illinois) 1-800-435-4482

"The Inventor of Aerosol Paint and Spray-Gel"



RECORD OF COMMUNICATION	OTHER (SPECIFY)	TAIP []CONFERENCE
	(Record of item enecked ab-	DY6)
815-895-9101	FROM:	DATE
Richard Gustafson	Quane Parker	8-16-83 TIME 2130
Richard Gustafson acility I.D. #/ Facility Na	me Sumore of Suramas	
MARY OF COMMUNICATION	· · · · · · · · · · · · · · · · · · ·	
This facility did	store waste greater	than,
11-1	$(\mathcal{A} - \mathcal{R}_{\mathcal{C}})$	
also we got a it	issue copy of their o signature.	withdrawt
request with m	o signature.	O. A. A.
John Fred Street	agreen ing.	7
need to submit	closure information	\mathcal{M}
De said he would	d be sent a	. 2 2)
approved andicat	ton Withderawl del	Ter
OI romo ono woul	d cornact goon o	
another way.	entel he hears some	theig
He will want in	mul 10 10000	\mathcal{O}
from ics.		
	• • • • • • • • • • • • • • • • • • •	ADDRIBATION
CLUSIONS, ACTION TAKEN OR REQUIRED		,

RMATION COPIES

To T. A. Sura

Wroth

August 9, 1983

PENDING DECISION ON VOLVED AND ACTION OF STATE

Illinois Environmental Protection Agency P O Box 915 Rockford IL 61105

Attention: Mr.

Mr. Robert A. Wengrow Rockford Region Manager Field Operations Section Div. of Land Pollution Control

ILD 005 100 789 G,T, TSD, mobil, PAS 1

RE: DeKalb County - 03705502

Sycamore/Seymour of Sycamore

Dear Mr. Wengrow:

As you pointed out in your letter of April 1, 1983, now that we are storing our waste on sight less than 30 days, we should not be regulated under 35 Illinois Adm. Code 720 through 725. For the last two years or so, our reclaimer has picked up waste solvent every 20 to 30 days for recycling.

Therefore, I request that our EPA Form Part A be withdrawn.

Thank you for your help.

Sincerely yours,

SEYMOUR OF SYCAMORE, INC.

Richard L. Gustafson Vice President/Manufacturing

RLG:ml
IC: USEPA Region V office, Chicago IL 60604

RECEIVED

8/11/83

WASTE MANAGEMENT BRANCH



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5HW-13

Richard L. Gustafson, Vice President/Manufacturing Seymour of Sycamore, Inc. 91,7 Crosby Avenue Sycamore, IL 60178

RE: Withdrawal of Part A

(Storage fewer than 90 Days)

FACILITY NAME: Seymour of Sycamore, Incorporated

USEPA ID NO.: ILD 005 100 789

Dear Mr. Gustafon:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and Your letter of August 29, 1983, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has accumulated wastes generated on site for fewer than 90 days in containers or tanks since November 19, 1980, in accordance with 40 CFR Part 262.34. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time.

Please be advised that you must ensure that your waste is handled in accordance with 40 CFR Part 262.34 (enclosed), and applicable State and local requirements.

Please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Withdrawal of Part A (Storage fewer than 90 Days)," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

Enclosure

cc: IEPA

UNITED STATES NVIRONMENTAL PROTECTION AGENCY REGION V

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

Mr. Richard L. Gustafson Vice President Seymour of Sycamore Inc. 917 Crosby Avenue Sycamore, Illinois 60178

UNITED STATE

RE: Interim Status Acknowledgement

USEPA ID No. ILD005100789

FACILITY NAME: Seymour of Sycamore Inc.

Dear Mr. Gustafson:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

Enclosure

1/1/8r.

a factor in the form of the co			S (continued from fr		40 CER Rest 261 24 for	ask thread because of
			nandles. Use additional		40 CFR Part 261.31 for	each listed hazardous
	1	2	3	4	5	6
	FOOD	FAAR	FARE			
	23 26	23 2 26	23 - 26	23 26	23 - 26	23 - 26
	7	- B	9	10	11	12
D 44771	23 - 26 DOOUS WASTES EDO	M SPECIEIC SOLIDO	ES Enter the four die	is purpher from 40 CF	23 - 26] P Part 261 32 for each li	sted hazardous waste from
			Use additional sheets i		it fait 201,02 for each in	sted hazardous waste itom
	13	1.6	15	16	17	18
	MM18	KOS2				
	23 - 26	23 - 26	23 26	23 - 26	23 26	23 - 26
	19	20	21	22	23	24
	25 26	26	23 - 26	28 28	29 29	30
	23 26	23 - 26	z3 - 25	23 - 26	23 26	23 26
					from 40 CFR Part 261.33	3 for each chemical sub-
stance			zardous waste. Use addi			edgeda vikur (svoja se med Svoja
	31	32	33	34	35	36
	<u>U002</u>	U031	0056	057	001619	4/10/11
	37	38	39	40	41	42
	11/1/2	1/1//	1/149	11154	1159	111/20
	23 - 25	23 26	23 26	23 = 26	23 - 26	23 - 25
	43	44	45	46	27	48
	U161	1/2/10	<u>U220</u>	U239	V057	
D LISTE	D INFECTIOUS WAST	[23 [26] CFS Enter the four—	digit number from 40 C	FB Part 261 34 for eac	h listed hazardous waste	from hospitals, veterinary
			stallation handles. Use			
	49	50	51	52	53	54
- CUAD	23 - 26	23 - 26	23 - 26	23 - 26	ponding to the character	23 26
hazardı	ous wastes your installa	ation handles. <i>(See 4)</i>	O CFR Parts 261-21 - 2	61,24.)	sponding to the character	isacs of non—usted
	Mi. ignitable	П	2. CORROSIVE	∏3. REAC	TIVE	□4. TOXIC
	(1000)	(000	12)	(D003)		D000)
X. CERT	IFICATION 2					
attache I believ	d documents, and t e that the submitte	hat based on my i d information is tr	nquiry of those indi	viduals immediately mplete. I am aware	responsible for obtai	mitted in this and all ning the information, cant penalties for sub-
SIGNATU	IRE		NAME & OFFI	CIAL TITLE (type or p	orint)	DATE SIGNED
	Edy L.	Gentyan		D L. GUSTA BRUFACTIL		7/31/80

EPA Form 8700-12 (6-80) REVERSE

N N N N N	mo	OPCOPO	1 11
III. I	KU	CESSES	(continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III.

to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter 'included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

		A. EPA				C. UNIT			D. PROCESSES											
LINE	HAZARD. O WASTENO (enter code) B. ESTIMATED ANNUAL QUANTITY OF WASTE		OF MEA- SURE (enter code)			1. PROCESS CODES (enter)									2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
X-	1	K	0	3		4	900		P	T	0	3	L) (8	0	1			
X-	2	D	0	1)	2	400		P	T	() 3	L	0,0	8	0	-			
X-	3	D	0	0		1	100		P	T	6	3	L	ס' מ	8	0		ı		
X-	4	D	0	0) .	2					-	1		1						included with above

Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 chesecters/inch)					Form Approved OMB No. 15	8-R01/	5	5. 7 W
FORM	NME		LPROTEC	ATION	I. EPA I.D. NUMBER			T/A C
Cor	nsolic	lated	Permits Pr		FILD00510		8.9	
LABEL ITEMS	-1161	2110	HULIOIII		GENERAL INSTRU		IS	
I. EPA I.D. NUMBER IL DO05100789					it in the designated space, F ation carefully; if any of it	Review	the i	nform-
III. FACILITY NAME				**************************************	through it and enter the capt opriate fill—in area belo	orrect	data	in the
V. MAILING ADDRESS SYCAMORE, IL		RE 78		A C U	t. e preprinted data is absen left of the label space list that should appear), please proper fill—in area(s) below	it (the is the i provid	area infon e it	to the mation in the
					complete and correct, you Items I, III, V, and VI (e	need no	ot co	mplete
VI. FACILITY 917 CROSBY AVE	5 0	178	3		must be completed regards items if no label has been the instructions for detail	<i>less)</i> . C provide led ite	omp d. R m c	lete all efer to descrip-
					tions and for the legal au which this data is collected.	thoriza	tions	under
II. POLLUTANT CHARACTERISTICS								
INSTRUCTIONS: Complete A through J to determine we questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	tal fo	rm li: ach a	sted in the uestion, v	e parenthesis following the quo ou need not submit any of the	estion. Mark "X" in the box in t ese forms. You may answer "no	the thir " if you	d col	umn
SPECIFIC QUESTIONS	YES	MAR	K'X'	CONTRACTOR OF THE PARTY OF	QUESTIONS	L M	ARK	FORM
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	ATTACHED	include a concentrated	(either existing or proposed) animal feeding operation or on facility which results in a		X	
C. Is this a facility which currently results in discharges		χ	18	D. Is this a proposed facilit	y (other than those described will result in a discharge to	19	χ	21
to waters of the U.S. other than those described in A or B above? (FORM 2C)	22	23	24	waters of the U.S.? (FOF		25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X 26	29	χ	municipal effluent below taining, within one qu	w the lowermost stratum con- larter mile of the well bore, drinking water? (FORM 4)	31	X 32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	36	cial processes such as r process, solution mining	ct at this facility fluids for spe- nining of sulfur by the Frasch g of minerals, in situ combus- ecovery of geothermal energy?	37	X 38	39
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		Х		NOT one of the 28 inc instructions and which per year of any air pollu	sed stationary source which is dustrial caregories listed in the will poten fally emit 250 tons stant regue and under the Clean or be loca in an attainment	43	Х	45
III. NAME OF FACILITY	40	A1	42	31331 ((311111 3)				
1 SKIP		1		someth the resulting	<u> Panisi Paga in</u>	69		
IV. FACILITY CONTACT						69		
A. NAME & TITLE (last, f.	T		11_1		B. PHONE (area code & no.)			
GUSTAFSON RICHARD		L.	V P		1 5 8 9 5 9 1 0 1			
V. FACILITY MAILING ADDRESS		441						
A. STREET OR P.O	. BO		1 1 1					*
B. CITY OR TOWN				C.STATE D. ZIP CO				
4	1 1							
VI, FACILITY LOCATION				40 41 42 47	21			
A. STREET, ROUTE NO. OR OTHER	SPE	CIFIC	IDENTIF	TER				
5 13 16				45				
B. COUNTY NAME				3.1				
D'E'K'A'L'B' 'C'O'U'N'T'Y' ' '	-							
C. CITY OR TOWN				D.STATE E. ZIP C	1 (III Rhown)			
6 , , , , , , , , , , , , , , , , , , ,								
EPA Form 3510-1 (6-80)				SFP 9 1980		INUE	ON R	EVERS
78 N				SEF 7 1300				8

COMMOD FROM THE FROM			
A. FIRST - 2 8 5 1 (specify) Aerosol Paint, Coa	tings. & c 1 1	B. SECC	ND W
Chemical Filling	15 16 -	D. FOUI	त ा ∺
(specify)	- <u>a</u> 1 T	(specify)	,
VIII. OPERATOR INFORMATION	= 13 kg = = = = =		
8 SEYMOUR OF SYCAMO	RE INC	T	8. Is the name listed In Item VIII-A also the owner? YES NO
C. STATUS OF OPERATOR (Enter the appropriate	letter into the answer box; if "Oth	er", specify.)	D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal of S = STATE O = OTHER (specify) P = PRIVATE	P 36	A 8	
9 1 7 CROSBY AVENUE	1 1 1 1 1 1 1 1 1 1 1	\$55	
F. CITY OR TOWN B S Y C A M O R E	G.ST	6 0 1 7 8 Is the fa	AN LAND cility located on Indian lands? YES X NO
X. EXISTING ENVIRONMENTAL PERMITS	40 41	42 47 - 51	
A. NPDES (Discharges to Surface Water) C 7 1	N A		
B. UIC (Underground Injection of Fluids) C T 1		5 A A G (specify)	erating Permit
C, RCHA (Hazardous Wastes)	E. OTHER (specify)		eracing reniirc
9 R 9 15 16 17 18 50 13 16		(specify)	
Attach to this application a topographic map of the the outline of the facility, the location of each of treatment, storage, or disposal facilities, and each water bodies in the map area. See instructions for provide a brief description.	its existing and proposed inta well where it injects fluids ur recise requirements.	ike and discharge structure	s, each of its hazardous waste
Manufacture Aerosol Paint, Coati	ngs & Chemicals.		
		. •	
XIII. CERTIFICATION (see instructions)			
I certify under penalty of law that I have personal attachments and that, based on my inquiry of the application, I believe that the information is true, false information, including the possibility of fine a	hose persons immediately rest accurate and complete. I am	consible for obtaining the	information contained in the
A. NAME & OFFICIAL TITLE (type or print) Richard L. Gustafson Vice Pres./Mfg.	B. SIGNATURE What J.	Grown	c. date signed Sept. 10, 1980
	And the same of th		

Œ.	
	Form Approved OMB No. 158-S80
	The second secon

FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) I L D 0 0 5 1 0 0 7 8 9 DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) D. PROCESSES HAZARD. WASTENO B. ESTIMATED ANNUAL QUANTITY OF WASTE 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) F 0 0 2 Included with F005 F 0 0 3 Included with F005 0 0 5 75,000 P D 8 0 Included with F005 Sent offsight for reclaiming 4 K 0 7 P 8 460,000 approx. 80% reusable 5 U 0 0 2 Included in KO78 & FO05 U 0 3 1 Included in K078 & F005 U 0 5 6 Included in K078 & F005 9 U 0 5 7 Included in K078 & F005 U 0 6 9 10 Included in KO78 & F005 11 U 1 0 7 Included in K078 & F005 U 1 1 2 Included in KO78 & FO05 13 U 1 4 0 Included in KO78 & FO05 14 4 7 U 1 Included in K078 & F005 15 U 1 5 4 Included in K078 & F005 U 1 5 9 16 Included in K078 & F005 U 1 6 0 Included in K078 & F005 U 1 6 1 18 Included in KO78 & F005 U 2 1 0 Included in K078 & F005 U 2 2 0 Included in K078 & F005 20 U 2 3 9 Included in K078 & F005 21 U 0 5 7 Included in K078 & F005 23 24 25

PAGE 4 OF 5

Richard L. Gustafson

Vice Pres /Mfg EPA Form 3510-3 (6-80)

CONTINUE ON PAGE 5

Sept. 10, 1980

V. FACILITY DRAWING (see page 4)

SEE ATTACHED DRAWING.

SEP 11 1980

HWDMS MASTER FACILITY LISTING

PAGE 777

REGION: 05 STATE: IL

ILD005100789 SEYMOUR OF SYCAMORE INC

LAST UPDATE: 9/28/81

EXISTANCE DATE: 7/05/63 Y SYCAMORE IL 60178 CLOSURE DATE:

815/895/9101

COUNTY: DEKALB O37 V DISTRICT: BASIN: LATITUDE: 415917.0 V LONGITUDE: 0884148.0 V

FACILITY STATUS: 1 MODIFY/CONSTRUCT: COMMERCIAL: NON-REGULATED: OWNER TYPE: P FACILITY TYPE: GEN TRANS TSDF

MAILING ADDRESS
GUSTAFSON RICHARD L V P MFG SEYMOUR OF SYCAMORE INC SEYMOUR OF SYCAMORE INC SYCA

INDIAN LAND IND : NV OWNER/OPERATOR IND : Y

SIC CODES TRANSPORTATION

2851

ROAD

WASTE DESCRIPTION

WASTE CODE: D001 ESTIMATED AMOUNT:
WASTE CODE: F002 ESTIMATED AMOUNT:
WASTE CODE: F003 ESTIMATED AMOUNT:
WASTE CODE: F005 ESTIMATED AMOUNT:
WASTE CODE: F005 ESTIMATED AMOUNT:
WASTE CODE: K078 ESTIMATED AMOUNT:
WASTE CODE: K082 ESTIMATED AMOUNT:
WASTE CODE: U002 ESTIMATED AMOUNT:
WASTE CODE: U002 ESTIMATED AMOUNT:
WASTE CODE: U031 ESTIMATED AMOUNT:
WASTE CODE: U056 ESTIMATED AMOUNT:
WASTE CODE: U057 ESTIMATED AMOUNT:
WASTE CODE: U069 ESTIMATED AMOUNT:
WASTE CODE: U107 ESTIMATED AMOUNT:
WASTE CODE: U107 ESTIMATED AMOUNT:
WASTE CODE: U112 ESTIMATED AMOUNT:
WASTE CODE: U140 ESTIMATED AMOUNT:
WASTE CODE: U147 ESTIMATED AMOUNT:
WASTE CODE: U154 ESTIMATED AMOUNT: WASTE CODE: U160 ESTIMATED AMOUNT:
WASTE CODE: U161 ESTIMATED AMOUNT:
WASTE CODE: U210 ESTIMATED AMOUNT:
WASTE CODE: U220 ESTIMATED AMOUNT:
WASTE CODE: U239 ESTIMATED AMOUNT:

MT PROCESSES: MT PROCESSES: MT PROCESSES: MT PROCESSES: MT PROCESSES: MT PROCESSES: MT PROCESSES: